

2472

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 81	
1. PLACE OF DEATH		COUNTY <u>Graham</u>		STATE <u>ARIZONA</u>		REGISTERED NO. <u>100</u>	
TOWNSHIP <u>Scotts</u>		CITY <u>Thatcher</u>		OR VILLAGE		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>30</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN STATE <u>30</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN STATE WHEN DEATH OCCURRED <u>30</u> YRS. <u>0</u> MOS. <u>0</u> DS.		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
2. FULL NAME <u>Coro Triguero Bright</u>		(A) RESIDENCE: NO. <u>Thatcher</u> ST. <u>Ally</u>		WARD		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>					
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>William A Bright</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 9 1877</u>							
7. AGE	YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>2</u>	IF LESS THAN 1 DAY, HRS. <u>0</u> MIN. <u>0</u>			
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>						
	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.						
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)						
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) <u>Bert Co</u> (STATE OR COUNTY) <u>U.C.</u>							
FATHER	13. NAME <u>Charles</u>						
	14. BIRTHPLACE (CITY OR TOWN) <u>U.C.</u> (STATE OR COUNTY)						
	15. MAIDEN NAME <u>W.C.</u>						
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>U.C.</u> (STATE OR COUNTY)						
	17. INFORMANT (ADDRESS) <u>Thatcher</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thatcher</u> DATE <u>Aug 16 1936</u>							
19. EMBALMER (LICENSE NO. <u>116</u>) SIGNATURE <u>W.C. Ramsey</u> FUNERAL DIRECTOR <u>Safford</u> ADDRESS <u>Safford</u>							
20. FILED <u>Sept 9, 1936</u> REGISTRAR <u>W.C. Ramsey</u>							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 15, 1936</u>							
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Aug 9</u> 19 <u>36</u> TO <u>Aug 15</u> 19 <u>36</u>							
I LAST SAW HER ALIVE ON <u>Aug 15 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5 P.M.</u>							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>apoplexy - cerebral angi</u>							
DATE OF ONSET							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY (SIGNED) <u>L. J. Butler</u> M. D. (ADDRESS) <u>Safford, Ariz.</u>							